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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/975,423
		Filing Date	October 11, 2001
		First Named Inventor	William B. Noble
		Art Unit	2143
		Examiner Name	Joseph E. Avellino
Total Number of Pages in This Submission	21	Attorney Docket Number	RTN-138PUS

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Return Postcard; PTO/SB/122 Change of Correspondence Address
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Daly, Crowley, Mofford & Durkee, LLP		USPTO Customer No. 033164
Signature			
Printed name	Kermit Robinson		
Date	Feb 11, 2006	Reg. No.	48,734

### CERTIFICATE OF TRANSMISSION/MAILING

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Signature		
Typed or printed name	Kermit Robinson	Date

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

120

## Complete if Known

Application Number	09/975,423
Filing Date	October 11, 2001
First Named Inventor	William B. Noble
Examiner Name	Joseph E. Avellino
Art Unit	2143
Attorney Docket No.	RTN-138PUS

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 50-0845 Deposit Account Name: Daly, Crowley, Mofford & Durkee, LLP  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Fee (\$)

Fee (\$)

Multiple dependent claims

360

180

## Total Claims

## Extra Claims

## Fee (\$)

## Fee Paid (\$)

## Multiple Dependent Claims

## Fee (\$)

## Fee Paid (\$)

$$- 20 \text{ or HP} = 0 \times 0 = 0$$

HP = highest number of total claims paid for, if greater than 20

$$\text{Indep. Claims} \quad \text{Extra Claims} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$- 3 \text{ or HP} = 0 \times 0 = 0$$

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} \quad \text{Extra Sheets} \quad \text{Number of each additional 50 or fraction thereof} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$- 100 = 0 / 50 = 0 \text{ (round up to a whole number)} \times 0 = 0$$

## Fees Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: One Month Extension of Time

0

120

## SUBMITTED BY

Signature	Kermit Robinson	Registration No. (Attorney/Agent)	48,734	Telephone 781.401.9988 ext. 24
Name (Print/Type)	<i>Kermit Robinson</i>		Date <i>Feb 10, 2006</i>	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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